

17th ANNUAL RICHIE ANDERSON MEMORIAL YOUTH & MIDDLE SCHOOL WRESTLING TOURNAMENT

SATURDAY, March 2, 2024 SNOW DAY SUNDAY, March 3, 2024



250B Route 25A, Shoreham, NY 11786-2192
PHONE (631) 821-8116 or Email: swrwrestlecoach@optonline.net

- LOCATION..... Shoreham-Wading River High School (Route 25A)
- GRADES K thru 6..... check-in at 7:45am wrestling begins at 8:30am
- GRADES 7 & 8..... check-in at 11:30am wrestling begins at 12 noon **NO JV or VARSITY**
- FORMAT..... 4 man "round robin" bracket based on grade, weight and experience.
3 matches (3, 1 minute periods Grades K-6)
(1, 1 1/2, 1 1/2 periods Grades 7-8) Medals will be given to ALL wrestlers.
- ENTRY FEE..... \$25.00 (check or cash) Make check payable to **SWRCSD**
- Mail to..... SWR Community Programs, 250B Rte 25A, Shoreham, NY 11786-2192
- Or Email..... swrwrestlecoach@optonline.net
- WEIGH-INS..... Honor weights and wrestling ratings to be handled by club coach.
Coaches have been advised that all rosters and payments **must** be
in by **Wednesday, February 28, 2024**
- SPECTATORS..... Admission is \$2.00 for adults, children under 12 are free.
- REFRESHMENTS..... Food & Drinks will be sold on site.

NO REGISTRATIONS AT THE DOOR

Participants Waiver and Release

I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE SHOREHAM-WADING RIVER SCHOOL DISTRICT, its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committee, volunteer, and any and all participants, officers, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any sanctioned event, meet, practice, or activity (hereinafter, "Releases") from any and all liability, claims, demands, causes of action or losses of any kind or nature, past, present, or future, direct or consequential that I may hereinafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from the event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASES, or hidden, latent, or obvious defects in the facilities or equipment used. The content and opinions expressed here are the not the views of the Shoreham-Wading River School District. The distribution of information, display of material, or any organization of events – do not constitute the district's endorsement of any such product, service, organization, company, information provider, or content.

Name _____ Club _____
Grade _____ Weight _____ DOB _____

Wrestler Rating to be Circled by Club Coach

Beginner		Good		Advanced
1	2	3	4	5

Coaches' Signature _____ Date _____

Parent/Guardian Signature _____ Date _____